Arizona State Board of Health te of Arizona. Local Reg. No VITAL STATISTICS City or Town of..... ffidavits for Correction of a Record (Name of Affiant) ona, being first duly sworn, deposes and says that he/she is............ (If related specify degree—If friend or otherwise, so state) who was born in the City of Mame, tated in a certificate of birth/death filed by physician or midwife for birth-Undertaker for death) (Give name of That the following facts set forth in said certificate are not correctly stated therein, to wit:..... That affiant upon his/her own knowledge states the true facts to be and the changes necessary to make (Address).. Notary Public.. ate of Arizona, My Commission expired. (Name of Affiant) (Address) xżona, being first duly sworn, deposes and says that he/she has knowledge of the facts hereinbefore alleged ed that the said facts as stated therein are true. Subscribed and sworn to before me this My Commission expires (MCG 1 V. S. 1-1M-5-38

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